Substitute for form 1449/PTO (Revised 07/2005) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)					Complete if Known							
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					First Named Inventor			Helasuo				
					Group Art Unit			3721				
					Examiner Name			Not yet assigned				
Sheet	1 of 1				Attorney Docket Number			033047/312966				
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			ī	J. S.	PATENT D	oct	JMENT	S				
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Examiner Signature Date

Considered

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.